

City of Santa Barbara, Waterfront Department
Mailing Address Change Request

Please change my address of record as associated with Marina Slip _____

NEW BILLING ADDRESS:

Name _____ Home # _____
Address _____ Work # _____
_____ Cell # _____
City _____ State _____ Zip _____ Email _____

SLIP PERMIT PARTNER INFORMATION:

(Please list **all** additional slip permittees)

Name _____
Home # _____ Work # _____ Cell # _____
Email _____

Name _____
Home # _____ Work # _____ Cell # _____
Email _____

Name _____
Home # _____ Work # _____ Cell # _____
Email _____

NEW EMERGENCY CONTACT:

Name _____
Home # _____ Work # _____ Cell # _____
Email _____

☐ Live Aboard Waiting List ☐ Slip Waiting List ☐ Other _____

Name _____ Home # _____
Address _____ Work # _____
City _____ State _____ Zip _____ Cell # _____

Signature _____

Date _____

(For Office Use Only)

Account No. _____ Slip Length _____ ☐ Activity Log (Access) ☐ FSM _____
☐ Blackboard ☐ Tax Assessor Folder ☐ TMP